

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: Maine **Filings Made During the Year 2004**

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE <i>Postmarked</i>	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"x14")	2	1	XXX	3/1	NAIC	G, J, N
	1.1	Printed Investment Schedule detail (Pages E01-E26)	2	1	XXX	3/1	NAIC	N
	2	Quarterly Financial Statement (8 ½" x 14")	1	1	XXX	5/15, 8/15, 11/15	NAIC	G, J, N
	3	Separate Accounts Annual Statement (8 ½"x14")	2	1	XXX	3/1	NAIC	G, J, N
		II. NAIC SUPPLEMENTS			XXX			
	10	Accident & Health Policy Experience Exhibit	1	1	XXX	4/1	NAIC	N
	11	Credit Insurance Experience Exhibit	1	1	XXX	4/1	NAIC	N
	12	Interest Sensitive Life Insurance Products Report	1	1	XXX	4/1	NAIC	N
	13	Investment Risk Interrogatories	1	1	XXX	4/1	NAIC	N
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	1	1	XXX	4/1	NAIC	N
	15	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	1	1	XXX	4/1	NAIC	N
	16	Long Term Care Experience Reporting Forms	1	1	XXX	4/1	NAIC	N
	17	Management Discussion & Analysis	1	1	XXX	4/1	Company	N
	18	Medicare Supplement Insurance Experience Exhibit	1	1	XXX	3/1	NAIC	N
	19	Risk-Based Capital Report	1	1	XXX	3/1	NAIC	N
	20	Schedule SIS	1	N/A	N/A	3/1	NAIC	N
	21	Statement of Actuarial Opinion	1	1	XXX	3/1	Company	N
	22	Statement on non-guaranteed elements - Exhibit 5 Int. #3	1	1	XXX	3/1	Company	N
	23	Statement on par/non-par policies – Exhibit 5 Int. 1.1	1	1	XXX	3/1	Company	N
	24	Supplemental Compensation Exhibit ¹	1	N/A	N/A	3/1	NAIC	O
	25	Supplemental Schedule O	1	1	XXX	3/1	NAIC	N
	26	SVO Compliance Certification	1	1	XXX	3/1, 5/15, 8/15, 11/15	NAIC	N
	27	Trusted Surplus Statement	1	1	XXX	3/1, 5/15, 8/15, 11/15	NAIC	N
	28	Workers' Compensation Carve Out Supplement	1	1	XXX	3/1	NAIC	N
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	XXX	1	XXX	3/1	NAIC	N
	31	March .PDF Filing	XXX	1	XXX	3/1	NAIC	N
	32	Risk-Based Capital Electronic Filing	XXX	1	N/A	3/1	NAIC	N
	33	Separate Accounts Electronic Filing	XXX	1	XXX	3/1	NAIC	N
	34	Separate Accounts .PDF Filing	XXX	1	XXX	3/1	NAIC	N
	35	Supplemental Electronic Filing	XXX	1	XXX	4/1	NAIC	N
	36	Supplemental .PDF Filing	XXX	1	XXX	4/1	NAIC	N
	37	Quarterly Electronic Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	N
	38	Quarterly .PDF Filing	XXX	1	XXX	5/15, 8/15, 11/15	NAIC	N
	40	June .PDF Filing	XXX	1	XXX	6/1	NAIC	N
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	N
	52	Audited Financial Statements	1	1	XXX	6/1	Company	N
	53	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	N
	54	Independent CPA	1	N/A	N/A	6/1	Company	N

¹ The Supplemental Compensation Exhibit is no longer considered confidential and will be made available to the public. This exhibit must be filed with the annual statement.

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

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	55	Notification of Adverse Financial Condition	1	N/A	N/A	6/1	Company	N
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	6/1	Company	N
	57	Request for Exemption to File	1	N/A	N/A	6/1	Company	N
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	1	0	XXX	3/1	State	N
	102	Certificate of Deposit	1	0	XXX	3/1	State	N
	103	Certificate of Valuation	1	0	XXX	3/1	State	N
	104	Filings Checklist (with Column 1 completed)	1	1	XXX	3/1	State	N
	105	Premium tax	1	0	1	3/1	State	D, O
	106	State Filing Fees	1	0	1	3/1	State	C, O
	107	Affidavit of Filing	0	0	XXX	3/1	State	
	108	Supplement Health Insurance Reporting	1	0	1	4/1	State	O, P
	109	Mandated Benefit Experience Report	1	0	1	4/30	State	O, P
	110	Exam Assessment Fee	1	0	0	3/1	State	O
	111	Managing General Agent Report	1	0	1	3/1	Company	O
	112	State Page for Maine	1	0	XXX	3/1	Company	N
	113	Advertising Certificate Rule Chapter 140 §11(B)	1	0	1	3/1	State	M, O, P
	114	Maine Fraud and Abuse Annual Report	1	0	1	3/1	State	M, O, P
	115	Carriers Health Claims Reporting Form	1	0	1	2/1	State	M, O, P
	116	Health Report Card Survey	1	0	1	3/1	State	M, O, P
	117	Health Insurance Annual Data Report (Rule 940)	1	0	1	4/30	State	M, O, P

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